

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N07000011485

FILED  
Apr 14, 2008  
Secretary of State

**Entity Name:** SOUTH DADE FACULTY ASSOCIATION INC.

**Current Principal Place of Business:**

29100 SW 194 AVENUE  
HOMESTEAD, FL 33030

**New Principal Place of Business:**

**Current Mailing Address:**

29100 SW 194 AVENUE  
HOMESTEAD, FL 33030

**New Mailing Address:**

**FEI Number:** 56-2676596

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

OLIU, YOLANDA G  
3540 NE 11 DRIVE  
HOMESTEAD, FL 33033 US

**Name and Address of New Registered Agent:**

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: T ( ) Delete  
Name: OLIU, YOLANDA G  
Address: 3540 NE 11 DRIVE  
City-St-Zip: HOMESTEAD, FL 33033

Title: S ( ) Delete  
Name: VALIENTE, NICOLE M  
Address: 25900 SW 182 AVENUE  
City-St-Zip: HOMESTEAD, FL 33030

Title: D ( ) Delete  
Name: MOTTA, MIGUEL A  
Address: 1201 N. LIBERTY AVENUE  
City-St-Zip: HOMESTEAD, FL 33034

Title: D ( ) Delete  
Name: DE LA CRUZ, ADALICIA  
Address: 15385 SW 76 TERRACE #105  
City-St-Zip: MIAMI, FL 33193

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: YOLANDA G. OLIU

T

04/14/2008

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date